

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

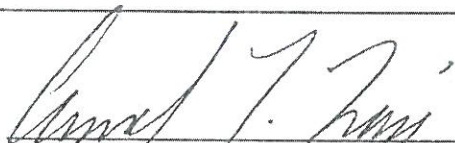
Part I: Ownership Structure					
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.					
Armand T. Lusi	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]	Warwick	RI	02818	[REDACTED]	
Evergreen Gardens, LLC					
Leslie A. Lusi	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]	Warwick	RI	02818	[REDACTED]	
Evergreen Gardens, LLC					
Eric J. Eliason	Cultivation Manager	[REDACTED]	[REDACTED]	[REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]	Warwick	RI	02886	[REDACTED]	
Evergreen Gardens, LLC					
Cathy Bertoncini	Bookkeeper	[REDACTED]	[REDACTED]	[REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]	Cranston	RI	02905	[REDACTED]	
Evergreen Gardens, LLC					
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

Address		City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			Effective Own. % in Applicant
Name	Title	SSN/FEI		DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			Effective Own. % in Applicant

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
None			



 Authorized Signatory

November 7, 2016

 Date

Armand T. Lusi, Principal
 Evergreen Gardens, LLC
 Printed Name